



## ISDH Hospital Service Report

State Form 49476 (R /7-02)

IC 16-21-6

### I. Hospital Information

Hospital Name: ST. VINCENT CLAY HOSPITAL

Provider #: 151309

City: Brazil

County: Clay

Year: 2012

#### LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure: ☒ Acute License ☐ LTC Certification

Private Accreditation: ☒ JCAHO ☐ HFAP

CMS Specialized Hosp: ☒ CAH ☐ TLC ☐ Rehab

DRG Exempt: ☐ Psych ☐ Rehab ☒ Swing Bed

Number of Total Hospital Full Time Equivalents 152

### II. Hospital Service Utilization

Hospital Service Description	Number of Set-up Beds	Number of Discharges	Number of Patient Days	Annual Total Charges
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Medical/Surgical	0	0	0	\$0
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	25	629	1937	\$1,884,471
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	0	0	0	\$0
Obstetrics	0	0	0	\$0
Pediatric	0	0	0	\$0
Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Bed Program	NA	113	1071	\$411,529

Extended Care	0	0	0	\$0
Observation Beds	0	0	0	\$0
All Other Services	0	0	0	NA
Total Acute	25	742	3008	NA

### III. Nursing Facility Utilization

	Number of Licensed Beds	Number of Discharges	Number of Patient Days
Nursing Facility	0	0	0

### IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

Diagnostic Categories	Number of Encounters	Diagnostic Categories	Number of Encounters
Infectious Disease	174	HIV	4
Neoplasms	462	Endocrine	2168
Diseases of Blood	535	Mental Disorders	2935
Nervous	657	Circulatory	2223
Respiratory	734	Digestive Diseases	910
Genitourinary	1193	Pregnancy	124
Skin	632	Musculoskeletal	4104
Congenital	69	Perinatal	72
All Injuries	637		
Other/Known	13774	Total Encounters	31407

Total ED Visits	ED Injury Visits	ED Injury Admissions
9656	3137	207

### Comments